

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/11/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 23410-80 and 23120-80.

II. RATIONALE

The carrier denied services as “A-Payment denied since you failed to obtain preauthorization for treatment(s) and/or service(s) that require preauthorization. There is no authorization history for this surgery and the adjuster denied authorization was given.” The requestor stated on the Table of Disputed Services: “Services were performed prior to obtaining auth. Form WC carrier due to the confusion.” The dispute packet does not contain a hard copy or letter indicating that preauthorization was obtained. Therefore, based on this information reimbursement is not recommended.

III. DECISION & ORDER

The above Findings and Decision is hereby issued this 8th day of January 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb